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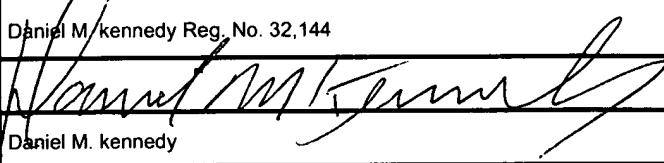
**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	20	Attorney Docket Number	PUL01										
<table border="1"> <tr> <td>Application Number</td> <td>10/082,065</td> </tr> <tr> <td>Filing Date</td> <td>Feb. 26, 2002</td> </tr> <tr> <td>First Named Inventor</td> <td>Basok B.</td> </tr> <tr> <td>Art Unit</td> <td>1761</td> </tr> <tr> <td>Examiner Name</td> <td>Robert Madsen</td> </tr> </table>				Application Number	10/082,065	Filing Date	Feb. 26, 2002	First Named Inventor	Basok B.	Art Unit	1761	Examiner Name	Robert Madsen
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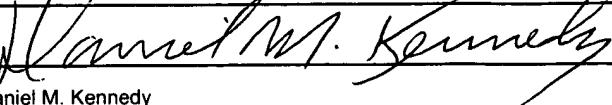
ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please Identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
<input type="checkbox"/> Remarks Enclosed: Petition for Extension of Time PTO/SB/22 Credit Card Payment Form PTO-2038 Amendment 17 pages		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Daniel M. Kennedy Reg. No. 32,144		
Signature			
Printed name	Daniel M. Kennedy		
Date		Reg. No.	32,144

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Daniel M. Kennedy	Date	11/5/04

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